

**COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)**

As a below-named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- ☒ original
- ☐ design
- ☐ supplemental
- ☐ national stage of PCT
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (C-I-P).

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled: POLYMERSOMES AND RELATED ENCAPSULATING MEMBRANES, the specification of which:

- (a) ☒ is attached hereto **OR**
- (b) ☐ was filed on _____ as United States Application Serial Number _____ and was amended on _____ (*if applicable*)
- (c) ☐ was described and claimed in PCT International Application Number _____, filed on _____ and as amended under PCT Article 19 on _____ (*if any*).

SUPPLEMENTAL DECLARATION (37 C.F.R. § 1.67(b))

- ☐ I hereby declare that the subject matter of the
- ☐ attached amendment
- ☐ amendment filed on _____

was part of my/our invention and was invented before the filing date of the original application, above-identified, for such invention.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 CFR § 1.56,

- ☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- ☐ in compliance with this duty, there is attached an Information Disclosure Statement, in accordance with 37 C.F.R. § 1.98.

PRIORITY CLAIM (35 U.S.C. §§ 119(a)-(d))

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a-d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed.

(complete (d) or (e))

- ☒ no such application have been filed.
- ☐ such applications have been filed as follows:

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY (or indicate if PCT)	APPLICATION NUMBER	DATE OF FILING (day/month/year)	PRIORITY CLAIMED UNDER 37 USC 119 [] YES [] NO	CERTIFIED COPY ATTACHED? [] YES [] NO

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

Application Numbers	Filing Date (month/day/year)

CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. § 120

- ☐ The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (C-I-P) APPLICATION.

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

COUNTRY (or indicate if PCT)	APPLICATION NUMBER	DATE OF FILING (day/MONTH/year)	PRIORITY CLAIMED?

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Evelyn H. McConathy
John F. Letchford
Michael B. Fein

Reg. No. 35,279
Reg. No. 33,328
Reg. No. 25,333

- [] I hereby appoint the practitioner(s) associated with Customer Number _____ to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.
- [] Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

Direct all telephone calls and correspondence to:

Evelyn H. McConathy, Esquire
DILWORTH PAXSON LLP
3200 Mellon Bank Center
1735 Market Street
Philadelphia, PA 19103-7595

Telephone: (215) 575-7000
Facsimile: (215) 575-7200

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

1. FULL NAME OF SOLE OR FIRST INVENTOR

Dennis
(GIVEN NAME)

E.
(MIDDLE INITIAL OR NAME)

DISCHER
(FAMILY OR LAST NAME)

INVENTOR'S SIGNATURE

DATE DEC. 10, 1999

COUNTRY OF CITIZENSHIP US

RESIDENCE 406-H S. Croskey St., Philadelphia, PA 19146

POST OFFICE ADDRESS SAME

2. FULL NAME OF SECOND JOINT INVENTOR (IF ANY)

Bohdana
(GIVEN NAME)

M.
(MIDDLE INITIAL OR NAME)

DISCHER
(FAMILY OR LAST NAME)

INVENTOR'S SIGNATURE

DATE Dec. 10, 1999

COUNTRY OF CITIZENSHIP Czech Republic

RESIDENCE 406-H S. Croskey St., Philadelphia, PA 19146

POST OFFICE ADDRESS SAME

3. FULL NAME OF THIRD JOINT INVENTOR (IF ANY)

You-Yeon
(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

WON
(FAMILY OR LAST NAME)

INVENTOR'S SIGNATURE

DATE COUNTRY OF CITIZENSHIP Republic of Korea

RESIDENCE 1212 University Avenue, S.E. #220, Minneapolis, MN 54555

POST OFFICE ADDRESS SAME

SIGNATURE(S)

1. FULL NAME OF SOLE OR FIRST INVENTOR

Dennis _____ E. _____ DISCHER _____
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

INVENTOR'S SIGNATURE _____

DATE _____ COUNTRY OF CITIZENSHIP _____ US

RESIDENCE 406-H S. Croskey St., Philadelphia, PA 19146

POST OFFICE ADDRESS SAME

2. FULL NAME OF SECOND JOINT INVENTOR (IF ANY)

Bohdana _____ M. _____ DISCHER _____
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

INVENTOR'S SIGNATURE _____

DATE _____ COUNTRY OF CITIZENSHIP _____ US

RESIDENCE 406-H S. Croskey St., Philadelphia, PA 19146

POST OFFICE ADDRESS SAME

3. FULL NAME OF THIRD JOINT INVENTOR (IF ANY)

You-Yeon _____ WON _____
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

INVENTOR'S SIGNATURE  

DATE 12/10/99 COUNTRY OF CITIZENSHIP Republic of Korea

RESIDENCE 1212 University Avenue, S.E. #220, Minneapolis, MN 54555

POST OFFICE ADDRESS SAME

ATTORNEY DOCKET NO.: 22253-66093

4. FULL NAME OF FOURTH JOINT INVENTOR (IF ANY)

James (GIVEN NAME) C-M. (MIDDLE INITIAL OR NAME) LEE (FAMILY (OR LAST NAME))

INVENTOR'S SIGNATURE

DATE COUNTRY OF CITIZENSHIP US

RESIDENCE 3500 Powelton Avenue, #A-112, Philadelphia, PA 19104

POST OFFICE ADDRESS SAME

5. FULL NAME OF FIFTH JOINT INVENTOR (IF ANY)

Frank (GIVEN NAME) S. (MIDDLE INITIAL OR NAME) BATES (FAMILY (OR LAST NAME))

INVENTOR'S SIGNATURE

DATE 12/10/99 COUNTRY OF CITIZENSHIP US

RESIDENCE 4025 Cedar Lake Avenue, St. Louis Park, MN 55416

POST OFFICE ADDRESS SAME

6. FULL NAME OF FOURTH JOINT INVENTOR (IF ANY)

Daniel (GIVEN NAME) A. (MIDDLE INITIAL OR NAME) HAMMER (FAMILY (OR LAST NAME))

INVENTOR'S SIGNATURE

DATE COUNTRY OF CITIZENSHIP US

RESIDENCE 621 Cedar Lane, Villanova, PA 19085

POST OFFICE ADDRESS SAME

ATTORNEY DOCKET NO. 22253-66093

4. FULL NAME OF FOURTH JOINT INVENTOR (IF ANY)

James
(GIVEN NAME) C-M.
(MIDDLE INITIAL OR NAME) LEE
FAMILY (OR LAST NAME)

INVENTOR'S SIGNATURE

DATE Dec 10, 1999

COUNTRY OF CITIZENSHIP

US

RESIDENCE 3500 Powelton Avenue, #A-112, Philadelphia, PA 19104

POST OFFICE ADDRESS SAME

5. FULL NAME OF FIFTH JOINT INVENTOR (IF ANY)

Frank
(GIVEN NAME) S.
(MIDDLE INITIAL OR NAME) BATES
FAMILY (OR LAST NAME)

INVENTOR'S SIGNATURE

DATE

COUNTRY OF CITIZENSHIP

US

RESIDENCE 4025 Cedar Lake Avenue, St. Louis Park, MN 55416

POST OFFICE ADDRESS SAME

6. FULL NAME OF FOURTH JOINT INVENTOR (IF ANY)

Daniel
(GIVEN NAME) A.
(MIDDLE INITIAL OR NAME) HAMMER
FAMILY (OR LAST NAME)

INVENTOR'S SIGNATURE

DATE Dec 10, 1999

COUNTRY OF CITIZENSHIP

US

RESIDENCE 621 Cedar Lane, Villanova, PA 19085

POST OFFICE ADDRESS SAME

66442T 30909460